

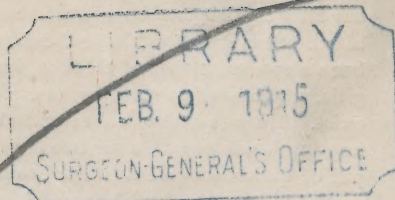
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Leidy, J. J.
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REPORT OF A CASE OF POISONING BY EUPHORBIVM AND ONE OF QUININE AMBLYOPIA.

THE following cases are of interest, as presenting unusual susceptibility to the action of euphorbium and quinia sulphate :

A. B., aged 35, an extensive horticulturist, while sorting several species of euphorbia, was suddenly seized with a severe burning in the outer canthus of the right eye, which gradually became diffused over the whole conjunctiva ; this was attended with an increase in the lachrymal secretion. The irritation, at first localized, became general ; the cheek, in the course of an hour, became greatly swollen. The buccal and nasal secretions at first were greatly increased in quantity ; but the mouth, nose and fauces, however, soon became dry. The intense burning in the eye extended to the cheek, mouth, nose and fauces, and was at first apparently confined to the distribution of the trigeminal nerve. Sneezing became an obstinate symptom, and the right side of the face became greatly swollen. There was no notable effect upon the pulse, respiration or bodily temperature, though locally about the face, the temperature was above normal. Upon the genito-urinary tract, its action was prominent ; constant desire to urinate was noted, which lasted for several hours through the night. Microscopical and chemical examination of urine was negative. When called to see the patient, most of the constitutional symptoms had disappeared, with the exception of some dryness of the throat. The inflammation of the conjunctiva was still marked ; this was treated with hot compresses, for five minutes every two hours. Atropia (gr. i to f $\frac{3}{4}$ i) gtt. i. once a day and a wash of boracic acid (gr. xv. to f $\frac{3}{4}$ i) every fourth hour were ordered.

The gentleman under treatment is an extensive horticulturist, and attributes the attack to rubbing accidentally his eye, after handling the plant, in his conservatory. I have since spoken to several botanists, none of whom have ever met with the misfortune of being poisoned. The case is probably one presenting an unusual susceptibility, as the gentleman was similarly affected by allowing some of the milky secretion, which exudes from cacti when cut, to come in contact with the tip of his tongue some years ago. At that time the gastrointestinal symptoms were more violent.

The severe symptoms encountered in this case should caution those who are in the habit of handling the plant, and especially those who have charge of the preparation of the various species for medicinal use.

2 POISONING BY EUPHORBIIUM AND QUININE AMBLYOPIA.

The following case of quinine amblyopia is interesting, as presenting one of unusual susceptibility :

J. A., aged 30, presented himself for treatment with urethal stricture ; he was ordered pil. quiniæ sulph. gr. ij thrice daily after meals, preparatory to an urethral examination. He has incipient phthisis ; physical examination in other respects was negative. He returned the day after the drug had been prescribed, stating that he could not take the pills, as they made him blind. Shortly after taking the first dose, he was unable to read the newspaper. He had been a moderate user of tobacco, but has not used it for some time on account of a pharyngitis, which is aggravated by its use. No history of alcoholic excess and no specific history exist. He was placed on restricted diet, all alcohol and tobacco were stopped, and he was kept under observation for two days, when a second prescription was ordered, and a second pill of quinia was administered with the same effect as the first, which symptom disappeared in less than two hours. A third trial was made with the remedy, with the same effect, when the drug was stopped. Now, two weeks later, he has had no return of the symptom.

The case is of interest as presenting an unusual idiosyncrasy to so small a dose of quinia.

JOSEPH LEIDY, JR., M.D.

237 SOUTH 13TH STREET.